

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90210 011 ****50.00

DOCUMENT # L05000080859

1. Entity Name
THE ALVAREZ FAMILY INVESTMENT GROUP, LLC



Principal Place of Business
**3910 SW COLLEGE ROAD
SUITE 201
OCALA, FL 34474 US**

Mailing Address
**PO BOX 772169
OCALA, FL 34477 US**

20000266



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3538590

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALVAREZ, JOHN
3910 SW COLLEGE ROAD
SUITE 201
OCALA, FL 34474**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ALVAREZ, JOHN
3910 SW COLLEGE ROAD, SUITE 201
OCALA, FL 34474**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/5/07

Date

352-291-1900

Daytime Phone #